



## Shekhar Hospital Pvt. Ltd.

'B' Block, Ganga Marg, Indira Nagar, Lucknow  
Tel:0522-2352352, 53, 54, 55, 0522-4927272 Fax:0522-2352352  
Email:mail@shekharhospital.com Web:www.shekharhospital.com

### Credit Bill

**Ill No :** SV:2023-44122  
**HID :** OP:2023/016187  
**adharno No :** 877915781393  
**Name :** RAJEEV KUMAR SAXENA  
**Address :** 04/231 , SEC - 4 JANKIPURAM ,  
VISTAR , NIRALA NAGAR  
**City :** Lucknow  
**Department :** MEDICINE

**Bill Date :** 16/03/2024  
**Reg. Department :** MEDICINE  
**Nominee Adharno No :**  
**Mobile No :** 9307706014  
**Age/Sex :** 53 Y / M  
**Claim Id :**  
**Doctor :** MEDICINE DEPT.

S.No.	Test/ Services	Rate	Qty	Discount	Amount
1.	MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE	2300	1		2300.00
<b>Totals:</b>					<b>2300.00</b>

S.No.	Type	Instrument	Amount
1.	Others (MEDWHEEL (BOB))	CREDIT	2300.00

**Rs. Two Thousand Three Hundred Only**

**User Name:** ANJALI **Date/Time** 2024/3/16 9:33:48 AM

For SHPL

Authorised Signatory

k:<http://www.shekharhospital.com> UserId: [2052279] : Dynamic User Password :[2454372424455107]



UHID : OP:2023/016187  
 Name : Mr. RAJEEV KUMAR SAXENA Age : 53 Y , Sex - M  
 Patient Type : Normal Aadhaar No: 877915781393  
 Bill Date : 16/03/2024  
 Referred By. : MEDICINE DEPT.,  
 Collection Date/Time : 16/03/2024 10:02:51 AM Lab Refno : LB:2023/036619  
 Reporting Date/Time : 16/03/2024 12:44:12 PM

**HAEMATOLOGY Report**

Test Description	Result	Unit	Biological Reference Interval
<b>CBC</b>			
<b>HAEMOGLOBIN(HB)</b> Method : CALORIMETRIC /CYNAMETH HAEMOGLOBIN	15.1	gm/dl	(M:13-17) (F:12-15)
<b>RBC COUNT</b> Method : FLOW CYTOMETRY	5.38*	million/cumm	(M) 4.5 - 5.5 (F) 3.8 - 4.8 (AT BIRTH) 5 - 7 ( 1 YR) 3.9 - 5.1 (2 - 12 YR) 4.0 - 5.2
<b>HCT</b> Method : CALCULATED	45.4	%	M :45 - 5% F: 41 - 5%
<b>MCV</b> Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	84.3	fl	83-101 fl
<b>MCH</b> Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	28.0	pg	27-32 pg
<b>MCHC</b> Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	33.2	gm/dl	31.5 - 34.5 gm
<b>TOTAL LEUKOCYTE COUNT (TLC) (1390)</b> Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL Sample Type : Whole Blood (K2 EDTA WB)			
TOTAL LEUKOCYTE COUNT (TLC)	7700	/cmm	Adult (4000-10000) At birth (10000-26000) 1 Year (6000-16000) 2-7 years (6000-15000) 6-12Years (5000-13500)
<b>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</b> Method : MANUAL / MICROSCOPIC Sample Type : Whole Blood (K2 EDTA WB)			
POLYMORPHS	62	%	40-70



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### HAEMATOLOGY Report

Test Description	Result	Unit	Biological Reference Interval
LYMPHOCYTES	34	%	20-40
MONOCYTES	02	%	2-10
EOSINOPHILS	02	%	1-6
BASOPHILS	00	%	1-2
<b>PLATELET COUNT</b>	<b>1,26,000</b>	<b>/cumm</b>	1.5 - 4.5 Lacs New Born 1 - 4.50 Lacs
Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL			
Sample Type : Whole Blood (K2 EDTA WB)			
<b>MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE</b>			
<b>ESR - WINTROBE</b>			
Sample Type : Whole Blood (K2 EDTA WB)			
ESR (WHOLE BLOOD)	12 mm/ first hour		(M) 0 -10 (F) 0 - 20

**Machines Used:** HAEMAT ANALYSER, Mindray BC 5150  
**Checked By:** Shweta Awasthi

DR. ANKITA KATARA  
PANDEY  
MD, PATHOLOGY





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Patient Type : Normal Aadhaar No: 877915781393  
Bill Date : 16/03/2024  
Referred By. : MEDICINE DEPT.,  
Collection Date/Time : 16/03/2024 10:03:07 AM Lab Refno : LB:2023/036623  
Reporting Date/Time : 16/03/2024 12:44:33 PM

**HAEMATOLOGY Report**

BLOOD GROUPING	"B"
RH TYPING	Positive (as per sample collection)

Checked By: Shweta Awasthi

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PANDEY  
MD, PATHOLOGY



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 Patient Type : Normal Aadhaar No: 877915781393  
 Bill Date : 16/03/2024  
 Referred By. : MEDICINE DEPT., Lab Refno : LB:2023/036620  
 Collection Date/Time : 16/03/2024 10:02:56 AM  
 Reporting Date/Time : 16/03/2024 12:40:11 PM

**BIO - CHEMISTRY Report**

Test Description	Result	Unit	Biological Reference Interval
<b>LIPID (PROFILE)</b>			
<b>CHOLESTROL(TOTAL) (SERUM)</b>			
Method : ENZYMATIC METHOD			
Sample Type : SERUM			
CHOLESTROL(TOTAL)	<u>201.0</u>	mg/dl	Normal < 200 Borderline high 200 - 239 High >240
<b>HDL (SERUM)</b>	47.0	mg/dl	Men - 35 - 55 Women - 45 - 65
Method : DIRECT HOMOGENOUS METHOD			
Sample Type : SERUM			
<b>LDL (SERUM)</b>	102.0	mg/dl	<100
Method : DIRECT HOMOGENOUS METHOD			
Sample Type : SERUM			
<b>VLDL (SERUM)</b>			
Method : CALCULATED			
Sample Type : SERUM			
VLDL (SERUM)*	52.0	mg/dl	10-40 mg/dl
<b>TRIGLYCERIDES (SERUM)</b>			
Method : ENZYMATIC METHOD			
Sample Type : SERUM			
TRIGLYCERIDES	<u>260.0</u>	mg/dl	Upto 170
<b>MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE</b>			
<b>BLOOD SUGAR FASTING</b>			
Method : GOD-POD METHOD			
Sample Type : Flouride Plasma			
<b>BLOOD SUGAR (PP)</b>			
Method : GOD-POD METHOD			
Sample Type : Flouride Plasma			
BLOOD SUGAR (PP) (SERUM)	145.0	mg/dl	110-170
<b>LIVER FUNCTION TESTLFT</b>			
Sample Type : SERUM			
BILLRUBIN (TOTAL)	0.80	mg/dl	0.2-1.2



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### BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
BILLRUBIN (DIRECT)	0.23	mg/dl	Upto 0.25
BILLRUBIN (INDIRECT)	0.57	mg/dl	Upto 0.7
SGPT (ALT)	29.0	IU/L	up to 49
SGOT (AST)	22.0	IU/L	Up to 43
ALKALINE PHOSPHATE (ALP)	164.0	IU/L	(A)100-250 (C)250-770
PROTEIN (TOTAL)	7.3	gm/dl	(A)6.4-7.8 (C) 5.6 -7.5
ALBUMIN	4.1	gm/dl	(A)3.5-5.2 (C)3.8-5.4
<b>RFT/KFT</b>			
Sample Type : SERUM			
BUN (SERUM)	12.5	mg/dl	5 - 21 mg/dl
CREATININE	0.85	mg/dl	(M) 0.7 - 1.1 (F) 0.6 - 0.9
SODIUM (NA+)	140.0	mmol/L	136 - 146
POTASSIUM (K+)	4.17	mmol/L	3.5 - 5.5

**Machines Used:** AUTO - ANALYSER OPTIMA - 1, Rayto  
240, Fully Automated  
**Checked By:** Shweta Awasthi

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Bill Date : 16/03/2024  
Referred By. : MEDICINE DEPT.,  
Collection Date/Time : 16/03/2024 10:03:12 AM Lab Refno : LB:2023/036625  
Reporting Date/Time : 16/03/2024 12:59:36 PM

### SEROLOGY Report

#### PSA (Serum)

<u>TEST NAME</u>	<u>RESULT</u>	<u>NORMAL RANGES</u>
<u>PSA</u>	<u>0.90</u>	<u>&lt; 4.0 ng/ml</u>

**METHOD:-** Two step enzyme immunoassay sandwich method with final fluorescent detection (ELFA)

**REMARKS:-**

- 1- PSA is elevated in benign prostatic hyperplasia (BPH). Clinically an elevated PSA value is not of diagnostic value as a specific test for cancer and should only be used in conjunction with other clinical manifestations (observations) and diagnostic procedures such as prostate biopsy and DRE (Digital Rectal Examination) report.
- 2- Free PSA determinations may be helpful in regards to the differential diagnosis of BPH and prostate cancer conditions.
- 3- PSA level in man increases as their age advances. Hence the requirement of age-specific values is a must.

B Block, Church Road, Indira Nagar, Lucknow, Uttar Pradesh 226016  
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*Committed to excellence*

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Reporting Date/Time : 16/03/2024 12:59:36 PM

### SEROLOGY Report

Checked By: Shweta Awasthi

DR. ANKITA KATARA  
PANDEY  
MD, PATHOLOGY

\* Indicates Critical Values. ■ Indicates Out of TAT.  
Report printed by : PRIYAM MISHRA Printed on : 06/04/2024 - 14:9:48  
Page - 2 End of Report



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Patient Type : Normal Aadhaar No: 877915781393  
Bill Date : 16/03/2024  
Referred By. : MEDICINE DEPT.,  
Collection Date/Time : 16/03/2024 10:03:10 AM Lab Refno : LB:2023/036624  
Reporting Date/Time : 16/03/2024 12:58:54 PM

### HORMONE Report

Sl.No.	Test	Result	Reference Values
THYROID PROFILE ( TOTAL T3, T4 & TSH)			
Sample Type : Serum			
1.TOTAL T3 (TRIIODOTYRONINE)		1.54	0.92-2.33 nmol/l
2.TOTAL T4 (TYROXINE)		105.91	60-120 nmol/l
3.TSH (THYROID STIMULATING HORMONE)		4.05	Euthyroid 0.25-5 ulU/ml Hyperthyroid <0.15 ulU/ml Hypothyroid >7.0 ulU/m

**Comments: INTERPRETATION (AS PER KIT INSERT)**

Serum T3, T4 & TSH measurements from three components of Thyroid screening panel, useful in diagnosing various disorders of Gland function.

**Thyroid**

1. Primary HypoThyroidism is accompanied by depressed serum T values and elevated serum TSH level<sup>3</sup> & T<sup>4</sup>

.2. Primary Hyper Thyroidism is accompanied by elevated serum T levels along with depressed TSH values<sup>3</sup> & T<sup>4</sup>

.3. Normal T<sup>4</sup> levels are accompanied by increased T<sup>3</sup> in patient T<sup>3</sup> Thyrotoxicosis with

4. Slightly elevated T<sup>3</sup> levels may be found in pregnancy and estherapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and thioracilol

5. Although elevated TSH levels are nearly always indicative of hypothyroidism, and may be seen in secondary thyrotoxicosis.

REMARKS: Normal/Reference ranges given are as per kit literature. Correlation is advised. Clinical

Note:- Maximum reading in our instrument is 100. In case of reading greater than 100, instrument given result with greater than (>) sign.

**Machines Used:** VIDAS / MINI VIDAS  
**Checked By:** Shweta Awasthi

DR. ANKITA KATARA PANDEY  
MD, PATHOLOGY

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Report printed by : PRIYAM MISHRA Printed on : 06/04/2024 - 14:9:57



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Patient Type : Normal Aadhaar No: 877915781393  
Bill Date : 16/03/2024  
Referred By. : MEDICINE DEPT.,  
Collection Date/Time : 16/03/2024 10:03:04 AM Lab Refno : LB:2023/036622  
Reporting Date/Time : 16/03/2024 3:56:54 PM ■

**CLINICAL PATHOLOGY Report**

**Sample Type : Urine**

<u>TEST</u>	<u>VALUE</u>	<u>UNIT</u>	<u>NORMAL VALUE</u>
<b>PHYSICAL EXAMINATION</b>			
APPEARANCE	CLEAR		CLEAR
COLOUR	STRAW		PALE
PH	6.0 (ACIDIC)		4.8-7.4
SPECIFIC GRAVITY	1.010		1.010-1.022
<b>CHEMICAL EXAMINATION</b>			
ALBUMIN	NIL		NEGATIVE
GLUCOSE	NIL		NEGATIVE
BLOOD	<b>SMALL</b>		NEGATIVE
LEUCOCYTE ESTERASE	NIL		NEGATIVE
NITRITE	NIL		NEGATIVE
<b>MICROSCOPIC EXAMINATION</b>			
RBCs	<b>3-4</b>	/HPF	0-5
DYSMORPHIC RBCs	ABSENT		
PUS CELLS	1-2	/HPF	0-5
EPITHELIAL CELLS	NIL	/HPF	<5
CASTS	NIL		ABS
CRYSTALS	NIL		ABS
BACTERIA	NIL		ABS
OTHERS	NIL		

Checked By: SATYAM PATHAK

DR. ANKITA KATARA PANDEY  
MD, PATHOLOGY

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